

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information

URN: 0 0 6 - 0 5 2 4 7 - 0 3 8 3 - 4 9 6		Date: 6/11/06	Time: 0015 HRS
Location:	Larch Avenue		City or Station: Lennox
Bureau/Station/Facility:	Lennox	Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Type of Force:	Resisted handcuffing/restraint		
Deputy Injury: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Suspect Injury YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Call	<input type="checkbox"/> Observation	<input type="checkbox"/> Detail	<input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Person Notified: Lieutenant Parker	Emp: <input type="checkbox"/> IAB Roll Out: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

Involved Employee

E 1	Employee #	Last Name	First Name	Middle Name
		BALJET	THEODOR	R.
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: Wht	Unit of Assignment: Lennox Sheriff Station	
Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: 29	Height: 5'11
Weight: 180		Work Assignment (Unit #, Module, etc.): 32B		
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:		Coroner Case #		
		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>		

E 2	Employee #	Last Name	First Name	Middle Name
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Unit of Assignment:	
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height:
Weight:		Work Assignment (Unit #, Module, etc.):		
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:		Coroner Case #		
		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		

E	Employee #	Last Name	First Name	Middle Name
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Unit of Assignment:	
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height:
Weight:		Work Assignment (Unit #, Module, etc.):		
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:		Coroner Case #		
		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		

☐ Additional Involved Employees

On Duty Supervisor

Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
	Weber	Robert		Sgt	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Watch Sergeant

Emp. #	Last Name	First Name	Middle Name
	Inge	Michael	

Watch Commander

Emp. #	Last Name	First Name	Middle Name
	McCorkle	Mark	

Watch Commander (Print Name)

Sgt. Laura Haynes

Watch Commander's Signature:

☐

Emp #:

Date

Supervisor Completing Form: (Print Name)

Emp #:

Copy Provided to Employee by:

Emp #:

Unit Commander (Print Name)

Unit Commander's Signature:

Emp #:

Date

DISCOVERY Use Only

FO#

Original: Discovery Unit

Copy: Unit Commander

SH-R-438P (Rev. 07/08)

Supervisor's Report on Use of Force

SUSPECT INFORMATION

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S 1

Suspect Information											
Last Name		Valdez-Duarte		First Name		Walter		Middle Name		Alberto	
AKA Last Name				First Name				Middle Name			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: Hispanic		Street Address:		City:		State & Zip Code:			
Work Phone:		Home Phone:		Age: 31		Height: 5' 07		D.O.B.: 08-05-74		Weight: 150	
Armed?		<input type="checkbox"/>									
Booking #:		deceased		Primary Charge Code:		Secondary Charge Code:		Criminal History		<input checked="" type="checkbox"/>	
EMT in attendance?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Name:		Unit:		Phone #:			
Hospital Admission?		<input type="checkbox"/>		Rec'd Treatment At:		Centinela Hospital		Coroner Case #:		2006-04404	
Mental History		<input type="checkbox"/>		By Doctor:		Address:		Phone #:			
Under Influence:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Substance:		Cocaine		Mental Illness		<input type="checkbox"/>	
Suspect Interview											
Date:		Time:		<input type="checkbox"/> Audiotape:		<input type="checkbox"/> Videotape:		<input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

S

Suspect Information											
Last Name				First Name				Middle Name			
AKA Last Name				First Name				Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:		Street Address:		City:		State & Zip Code:			
Work Phone:		Home Phone:		Age:		Height:		D.O.B.:		Weight:	
Armed?		<input type="checkbox"/>									
Booking #:				Primary Charge Code:		Secondary Charge Code:		Criminal History		<input type="checkbox"/>	
EMT in attendance?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Name:		Unit:		Phone #:			
Hospital Admission?		<input type="checkbox"/>		Rec'd Treatment At:				Coroner Case #:			
Mental History		<input type="checkbox"/>		By Doctor:		Address:		Phone #:			
Under Influence:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:				Mental Illness:		<input type="checkbox"/>	
Suspect Interview											
Date:		Time:		<input type="checkbox"/> Audiotape:		<input type="checkbox"/> Videotape:		<input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

S

Suspect Information											
Last Name				First Name				Middle Name			
AKA Last Name				First Name				Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:		Street Address:		City:		State & Zip Code:			
Work Phone:		Home Phone:		Age:		Height:		D.O.B.:		Weight:	
Armed?		<input type="checkbox"/>									
Booking #:				Primary Charge Code:		Secondary Charge Code:		Criminal History		<input type="checkbox"/>	
EMT in attendance?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Name:		Unit:		Phone #:			
Hospital Admission?		<input type="checkbox"/>		Rec'd Treatment At:				Coroner Case #:			
Mental History		<input type="checkbox"/>		By Doctor:		Address:		Phone #:			
Under Influence:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:				Mental Illness		<input type="checkbox"/>	
Suspect Interview											
Date:		Time:		<input type="checkbox"/> Audiotape:		<input type="checkbox"/> Videotape:		<input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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Employee Witnesses

Emp. #	Last Name Aceves	First Name Robert	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age 43	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age 34	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age 32	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age adult	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.

☐ Additional Witness

006 - 05247 - 0383 - 456

**INVESTIGATIVE SUMMARY
USE OF FORCE
(IN-CUSTODY DEATH)**

UNIT: Lennox Station
DATE: Sunday, June 11, 2006
TIME: 0005 hours
LOCATION: [REDACTED] Larch Avenue, Lennox, California 90304
URN#: 006-05247-0383-496
IAB#: FO #2173157

On June 11, 2006, the Internal Affairs Bureau (IAB) Force and Shooting Response Team went to Lennox Station's area regarding an in-custody death where force was used. The team consisted of Lieutenant Michael Parker, Sergeant Marshall Baird and Sergeant Rick Smith. The suspect was transported to Centinela Hospital where he was eventually pronounced dead.

This investigation is based on statements by the involved deputies, witnesses at the scene, and information obtained from written documentation, as Sergeant Haynes did not respond to the scene.

SYNOPSIS:

Lennox Station Deputies [REDACTED] and Theodor Baljet were working on June 11, 2006, at 0005, when they received a radio call regarding several hang ups on the 911 system. Several calls had been received regarding a possible burglary at [REDACTED] Larch Avenue in the city of Lennox. While en route they received additional information the suspect was running up and down the driveway dressed only in a t-shirt. This location contains [REDACTED] single-story duplexes accessed by the same driveway leading from Larch Avenue.

When the deputies arrived they saw Suspect Walter Alberto Valdez-Duarte wearing only a t-shirt. He was sweating profusely and he appeared very disoriented. Suspect Valdez-Duarte began advancing towards the deputies saying, "La luz. La luz" (i.e., The light. The light) as he attempted to grab Deputy [REDACTED] flashlight. The deputies believed the flashlight was agitating the suspect and that he was under the influence of a controlled substance. For their safety and his they decided to handcuff the suspect.

Deputy [REDACTED] stated during the handcuffing process, Suspect Valdez-Duarte was resisting

them, so each deputy grabbed an arm and guided the suspect to the ground. Once on the ground the suspect continued to struggle to avoid being handcuffed so Deputy [REDACTED] placed his right knee on the suspect's lower back to gain better control. The suspect folded his arms under his body towards his chest. Both deputies struggled with the suspect attempting to free the suspect's arms so he could be safely handcuffed, which was accomplished after several seconds. The suspect stopped resisting, closed his eyes and appeared to go unconscious.

The deputies immediately radioed for rescue personnel to respond to the scene. Paramedics from the Los Angeles County Fire Department arrived and administered cardiopulmonary resuscitation to Suspect Valdez-Duarte before he was transported to Centinela Hospital where he was pronounced dead by Dr. Sin at 0113 hours.

An autopsy was performed on Suspect Valdez-Duarte and Dr. Chinwah wrote, "Death is due to cocaine intoxication with delirium needing restraint. Respiratory compromise during restraint maneuvers could not be excluded. The manner of death could not be determined." Homicide investigators reported that Dr. Chinwah said blood tests revealed a lethal dose of cocaine in the suspect's system (refer to **Exhibit A**, the Homicide Bureau investigation book, page 37).

Per the statements of the involved personnel and civilian witnesses, the only force used on Suspect Valdez-Duarte was the use of minimal body weight to hold him down and restrain him while he was handcuffed.

The Los Angeles County District Attorney's Office, Justice System Integrity Division, closed their case and issued a letter dated August 6, 2008, regarding their analysis and conclusion relating to the incident (refer to **Exhibit B**, the letter from the District Attorney's Office).

INVOLVED PERSONNEL AND EMPLOYEE WORK HISTORY:

[REDACTED]	[REDACTED]
Date of Employment	[REDACTED]
Date assigned to Patrol	[REDACTED]
Prior Shooting Incident(s)	[REDACTED]
Prior Founded Force Incidents	[REDACTED]
Baljet, Theodor [REDACTED]	
Date of Employment	03-23-99
Date assigned to Patrol	10-10-04
Prior Shooting Incident(s)	[REDACTED]
Prior Founded Force Incidents	[REDACTED]

SUSPECT:

Duarte-Valdez, Walter Alberto, MH/[REDACTED] 507, 140 lbs., Black/Brown
[REDACTED]

SWORN WITNESSES:

Deputy Robert Aceves, [REDACTED]
Field Operations Region II
Lennox Station

Deputy Aceves responded to the back up request by Deputy Baljet. Upon his arrival he saw the suspect lying on the grass on his side, handcuffed. He checked for a pulse which was weak, but monitored the suspect until paramedics arrived and administered first aid (refer to **Exhibit A**, the Homicide Bureau investigation book, page 22 for Deputy Aceves' supplemental report).

CIVILIAN WITNESSES:

The following witnesses were identified and interviewed during the investigation. The interviews were summarized and included in the Homicide Bureau investigative book and were verbatim transcribed and included in the IAB investigative book.

[REDACTED] MH/[REDACTED]

[REDACTED] MH/[REDACTED]

[REDACTED] FH/[REDACTED]

[REDACTED] FH/[REDACTED]

IAB Note: A canvass of the incident scene was conducted by Homicide Bureau detectives and Compton Station deputies. Several residents were contacted, while no one answered the door at numerous other residences. None of the witnesses, other than the above listed persons, offered any substantial information. Most of the witnesses observed paramedics administering medical aid to Suspect Valdez-Duarte. Field Sergeant Weber conducted several interviews of witnesses who were later interviewed by Homicide Bureau detectives. Those transcripts are included in the IAB investigative book.

INJURIES

No Deputies were injured during the altercation with Suspect Valdez-Duarte.

WEAPONS USED BY DEPUTY PERSONNEL

None

WEAPONS USED BY SUSPECT

None

PROPERTY DAMAGE

None

CRIMINAL INVESTIGATOR and CHARGES FILED

Investigator: Homicide Bureau Sergeant Tim Miley and Deputy Joe Sheehy

Charges Filed: None (suspect deceased)

SCENE DESCRIPTION

The address of [REDACTED] Larch Avenue is [REDACTED] single-story duplexes, accessed by the same east/west driveway leading from Larch Avenue. The addresses to these structures are [REDACTED]

[REDACTED] Investigators further made note of a [REDACTED] car garage that is attached to the side of each address. The address of [REDACTED] Larch Avenue was the [REDACTED] duplex in the driveway (refer to **Exhibit C**, the crime scene sketch).

Investigators made further note that the window screen to the window just right of the front door had been removed and was resting just inside the location. The front door of the location was opened, and the interior appeared to be slightly ransacked.

INVOLVED DEPUTY STATEMENTS

Deputy [REDACTED] statements to Homicide Bureau and IAB were transcribed verbatim and incorporated in the IAB investigative book.

Deputy **Theodor Baljet's** statements to Homicide Bureau and IAB were transcribed
and incorporated in the IAB investigative book.